

Gold Star Training for LME/MCOs

Practical Application of the Gold Star Tools Through In-Basket Exercises

Reaching for the Gold Star Through Demonstrations and Small Group
Discussions

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Scenario # 1: Provider's Service Array Includes a Combination of Licensed and Unlicensed Services

You are preparing to conduct routine monitoring on A Better Life, Inc. This agency provides both licensed and unlicensed services -- PSR, Day Treatment, Intensive In-Home programs, Community Support Team, Residential Level III, and Unlicensed AFL services.

Describe your approach to planning the monitoring review of this provider:

- a) What would be one of the first things you would do in planning for this review?

- b) What regulatory compliance/quality tools would be used for this review? Explain your selection of tools.

- c) Are there some services that would not be included in the post-payment review? Why or why not?

- d) What specific post-payment review tools are needed to conduct this review?

- e) What would be the sample size for this routine review?

- f) Describe the sample selection process based on the sample size for this review.

Scenario #2: Coordination and Follow-up on a Complaint Received by DHSR

- 5/14/13: The Complaint Intake Unit receives a complaint regarding an individual with diabetes who resides in a 5600A home. The CIU triages the complaint as a 10-day.
- 5/20/13: DHSR conducts a complaint investigation. The findings indicate the following: (a) facility did not have a Clinical Laboratory Improvement Amendment (CLIA) waiver, (b) facility did not conduct blood sugar checks per doctor's orders (doctor's orders were three times a day before meals), (c) facility did not provide meds as ordered (sliding scale of insulin)—when it's high they give the consumer water, (d) the blood sugar checks DHSR found documented indicated several below 40 and several over 300 (doctor's orders were to call if under 50 and over 300), with some as high as 400, (e) no calls to doctor, (f) consumer became drowsy, thirsty, confused and unresponsive. 911 was called. Consumer was in ED for 24 hours to stabilize medication. This was a type A. There were other standard deficiencies.
- 5/21-5/23/13: Surveyor writes report and reviews with team leader. They submit to the DHSR Quality Assurance committee for review.
- 5/27/13: QA committee reviews report to ensure the findings support the sanction and the findings are in the strongest rule area. Surveyor makes any revisions needed.
- 5/29/13: Letter signed by Stephanie Gilliam indicating that this is a Type A, includes appeal rights. The letter and statement of deficiency is signed by the surveyor also sent to provider and copied to the CEOs and Quality Management Directors at the contracted and catchment area LME/MCOs, to DMH/DD/SAS, DMA Provider Enrollment, to the Director of the County DSS and to the NC Council of Community Programs.
- The letter from the surveyor includes the types of deficiencies found, time frames for compliance, and what to include in a plan of correction. A Type A has 23 days to be in compliance, a Type B has 45 days, standard deficiencies have 60 days. DHSR does not follow-up on standard deficiencies.

It is important to note that if there is a Type A with standard deficiencies, DHSR would not conduct a follow-up survey until approximately the 75-90th day.

What is the LME/MCO's role in terms of follow-up?

- a) Should the LME/MCO have a treatment team meeting to discuss whether or not this is still the best placement for this consumer?
- b) Would it be appropriate to take this issue to the LME/MCO's QI committee? What assistance could the QI committee provide?
- c) What steps does the LME/MCO need to take while waiting for DHSR to conduct a follow-up survey?
- d) How would the LME/MCO provide feedback to DHSR about any decisions made and actions taken with respect to the follow-up conducted?
- e) Assuming the provider is brought back into compliance, what is next step for the LME/MCO?
- f) What is the expectation for moving to Preferred Status, if the provider was interested?

Scenario #3: Follow-up on Complaints Received by the LME/MCO

An LME/MCO received the following complaint:

We met with the mother of a participant in the Innovations Waiver who lives in a 5600C Group Home. There are concerns about the staffing of this home, one-on-one workers for individual services, as well as whether the goals in the ISPs are being addressed and whether the individuals are receiving all the services outlined in their ISP. Letters were mailed to guardians about changes in staffing to be implemented December 1. Can you have monitoring look into these issues?

- a) What approach would you recommend that the LME/MCO take in addressing each of the allegations made?

1. Inadequate staffing
2. Failure to carry out the goals identified in the ISP
3. Failure to ensure that all the services in the ISP are being provided
4. Notification to guardians about upcoming changes in staffing

- b) Which Gold Star tools could assist in conducting this complaint investigation? Explain.

- c) Is there a role for DHSR in this matter? Discuss.

Scenario #4: Follow-up on Complaint Investigations on Out-of-Catchment Area Providers

A Better Day, Inc. provides a child/adolescent continuum of services and operates its main office in Red Springs. The provider also has offices in Lumberton and Fayetteville. Altogether, A Better Day, Inc. provides services in three different catchment areas – Sandhills, Eastpointe and Alliance. A provider network application was made and approved during the transition phase for enrollment in the Eastpointe LME/MCO provider network.

The provider has gone through several complaint surveys by DHSR at their facilities in Fayetteville and Lumberton. In some instances, the allegations were substantiated. The outcome of these complaint investigations is that a Plan of Correction was required to be completed in order for the provider to be brought into compliance.

- a) Based on this information, how should the LME/MCO proceed?
- b) If additional information is needed in order to determine if follow-up by the LME/MCO is indicated, what specific information does the LME/MCO need?
- c) Whose responsibility is it to follow-up on the plan of correction – the contracted LME/MCO, the catchment area LME/MCO or DHSR? Explain.
- d) What Gold Star tools and resources could be used as part of the follow-up process?
- e) Who has responsibility for conducting routine monitoring of this provider – the contracted LME/MCO or the catchment area LME/MCO?
- f) What does this provider need to do to become a part of the Eastpointe and Alliance networks?

Scenario #5: LME/MCO Reviews the Providers in Their Catchment Area

A decision is made that the LME/MCO is responsible for conducting and/or coordinating with DHSR for routine monitoring, complaint investigations, post-payment reviews, and follow-up on POCs for all providers in their catchment area whether the LME/MCO contracts with the provider or not.

- a) Based on the following scenarios, what would be the contracting LME/MCOs' responsibility?

- b) Discuss the pros and cons of such an agreement based on the following scenarios.

Bluebirds is the catchment area LME/MCO and *Eagles*, *Falcons*, and *Crows* are the contracting LME/MCOs:

- 1. Provider A is a licensed residential facility or methadone clinic

- 2. Provider B is a licensed non-residential facility (e.g., PSR, SAIO, ADVP)

- 3. Provider C is a non-licensed service (e.g., CST, IHH)

- c) What alternative recommendations would you make?

Scenario #6: Monitoring a Licensed Independent Practitioner

Dr. Nobles is a highly regarded licensed psychologist who operates a solo practice in your catchment area. She has special expertise in providing culturally competent care to the indigenous residents of this rural area. Dr. Nobles also has special expertise in working with individuals with intellectual and developmental disabilities.

The Office Site Review revealed the following issues:

- There was no ramp at the entrance to the building, presenting an access issue for individuals with mobility problems.
- In the case of an emergency evacuation, the only means of exiting the building from the back of the office suite is through a door that is shared with another agency, which is generally locked.
- Cleaning chemicals were stored in the bathroom, unsecured and easily accessible to the public.
- The provider does not have a policy and procedure manual.
- There is no written policy for safeguarding the privacy and confidentiality of records in terms of the storage and transportation of the records.
- There are no written policies and procedures for informing individuals of their rights although there was information about Disability Rights NC posted in the lobby.
- During the mock record review, the only item met on the Individualized Service Plan checklist was that the service plans were signed by the individual and the legally responsible person. A CCA could not be located for one record. In another record, the CCA was more than 5 years old. Service orders were not present in 8 out of 10 records reviewed.

Ten records were reviewed during the Implementation Review with the following results:

- Documentation of authorization to release/disclose/exchange PHI was only found in two records; only one record had an accounting of all releases of confidential information; only 2 records contained the required components of a service record; the results of the CCA supported the level of care for the service recommended in two records; in no records was there documentation of coordination of care with other providers involved in the person's care; in 50% of the records, the individual's needs based on the CCA met the entrance criteria for the service and at least one of the clinical outcomes outlined in the clinical coverage policy was reflected in the individualized goals in the service plan.
- Clinical findings and documentation of progress toward goals was found in 70% of the records; the provider scored 80% in documenting the reason for the admission/presenting problem; mental status exam, psychiatric/medical/developmental history, special precautions, medications, allergies and adverse reactions and in preventive/risk screening.
- This provider scored 100% compliance on notification of client rights, notification of grievance procedures/process, and organization of treatment records and the ease of retrieving treatment records.

The post-payment review produced the following outcome:

- The provider scored highest (90%) on consent for treatment having been signed prior to the date of service billed; the documentation being signed by the person who delivered the service; an assessment of progress toward goals; the service note relating to the goals in the service plan; the service note being individualized specific to the date of service; and the documentation reflecting treatment for the duration of the service billed.
- The service plan was not current in three of the 10 records reviewed; a valid service order was only found in 2 records; there was no evidence of coordination of care in any of the records or a valid utilization management authorization for the service billed?

a) What type of technical assistance does this provider need in order to meet the requirements of providing services in the public MH/DD/SA system?

b) Would you continue to contract with this provider? Why or why not?

Exercise #7: Nuances of Gold Star Monitoring – Part I

- a) Is a Policy and Procedure Review required for an agency that provides licensed and unlicensed services, e.g., PSR, Day Treatment and Intensive In-Home?
- b) How does the POC process outlined in the Gold Star system match the DMH/DD/SAS policy?
How should plans of correction be handled?
- c) Are all providers treated like new providers when Gold Star monitoring is implemented?
- d) How long do new providers have to wait before they can apply for a different level or status?
- e) How is RAT-STATS used in Gold Star monitoring as compared to when RAT-STATS is used to conduct program integrity activities?
- f) Are LME-MCOs required to do a post-payment review on PRTFs and hospitals within the context of Gold Star monitoring?
- g) How is your LME/MCO informing providers about the Gold Star monitoring process?
- h) Are LME/MCOs responsible for monitoring early intervention services?

Exercise #8: Nuances of Gold Star Monitoring – Part II

- a) When is the Implementation Review or Routine Monitoring conducted?
- b) Does the Gold Star process waive the Implementation Review for any providers?
- c) In addition to the Instructions and Guidelines for using the tools, what are the four worksheets that need to be completed before conducting a review?
- d) Is the Policy and Procedure review tool required for providers that were previously endorsed or can previously endorsed providers be 'grandfathered in' the provider network?
- e) What information about provider monitoring is on the provider portal of your LME/MCO's website?
- f) If a provider is not new and is already in the system, can the LME/MCO start this provider off at whatever level they want?
- g) Do LME/MCOs still need to monitor ACTT services in lieu of the new TMACT reviews?
- h) Is Gold Star monitoring required to be conducted on ICF-MR facilities and hospitals?